VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

December 20, 2016

Ms. Tabitha Hart, Manager
Our House Residential Care Home
162 Jackson Avenue
Rutland, VT 05701-4551

Dear Ms. Hart:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on November 14, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

PRINTED: 11/22/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0360	A. BUILDING: _____ B. WING _____	11/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE RESIDENTIAL CARE HOME	162 JACKSON AVENUE RUTLAND, VT 05701

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensure survey was conducted by the Division of Licensing & Protection on 11/14/2016. The following regulatory deficiencies were identified:	R100		
R164 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to assure that a registered nurse delegated the responsibility for the administration of specific medications to designated staff for designated residents residing in the facility. Findings include: Per record review the facility uses unlicensed caregivers as "Med Techs" through a delegation process to administer medications to residents. The group of homes associated with this home have a total of 3 Registered Nurses.(RN's) who work with the homes. In an interview on the afternoon of 11/14/16 the nurse described as the "house nurse" stated that s/he does not do the delegation for staff who administer medications at this house. S/he stated that s/he has done some observations of staff performing tasks including	R164 R164	House RN's will Certify staff at each house and to document same as staff often work at multiple locations - Both house Nurses signatures will be proof that all Med techs have been approved by each RN - House manager will monitor Med Certified list For signatures and Compliance.	11/14/16

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Manager — 12/5/16

FORM CMS-2567(02-99) R5CM11 If continuation sheet 1 of 3

Administrator — 12/5/16

R164 - R167 POC accepted mHiggins RN 12/20/16

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R164	Continued From page 1 medication administration but that s/he has not done any documentation to that effect. S/he states that RN #2 does the medication delegation for staff delegated to administer medications. RN #1 also states that staff at this house administer medications under his/her RN license and that s/he did not do an initial evaluation or re-delegation of medication administration for staff and residents in the house. In a telephone interview immediately following the previously described interview RN #2 states that s/he did do an initial medication delegation for the staff working at the facility but that s/he is no longer involved with the medication process at this house. Both nurses also state that they were unaware of the need for delegation of any new medication ordered for all delegated staff prior to administration. The House Manager stated that RN #1 was responsible for medication delegation and the facilities owner stated that RN #2 did all the delegation.	R164		
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side	R167	R167 Written Behavior Plans will be placed with the Careplan, the M.A.R. and the ADL's - A master copy will be Kept in the Managers binder. RN to monitor monthly when auditing First of the month M.A.R.	11/30/16

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R167	Continued From page 2 effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to assure that unlicensed staff administered PRN psychoactive medication only when there is a written plan for the use of the PRN medication in place for 1 resident of 2 reviewed (Resident #3) with PRN psychoactive medications. Findings include: Per record review Resident #3 has an order for Ativan 0.5 mg PO (by mouth) Q3-4H (every 3-4 hours) as needed for anxiety. There is no PRN Behavior plan describing the required information including: the specific behaviors the medication is intended to correct or address; the circumstances that indicate the use of the medication; the desired effects or undesired side effects the staff must monitor for; and documentation of, reason for and specific results of the medication use. In an interview at 2:15 PM the House Manager and the RN both stated that there was no behavior plan available for Resident #3.	R167		